



03-18-02

RCE /3738

Docket No. 23915-7319

#39

CERTIFICATE OF MAILING BY "EXPRESS MAIL" UNDER 37 CFR § 1.10:

I, hereby certify that this paper and all enclosures are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" under 37 CFR § 1.10 on March 13, 2002, Express Mail Label No. EL828015231US and is addressed to the Assistant Commissioner for Patents, Washington, D.C., 20231.

Sam Bascual

Signature of Person Mailing

Reg. for C.F.
S. Bascual
3/27/02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Thomas A. Silvestrini

Serial No.: 08/596,221

Filing Date: July 15, 1996

Title: SEGMENTED PLIABLE INTRASTROMAL CORNEAL INSERT

REQUEST FOR CONTINUED EXAMINATION (RCE) & FEE TRANSMITTAL

(for nonprovisional applications under 37 CFR § 1.114)

Commissioner for Patents

BOX RCE

Washington, D.C. 20231

Sir:

Transmitted herewith for filing in connection with the above-identified patent application are the following:

1. SUBMISSION REQUIRED UNDER 37 C.F.R. § 1.114

a. Previously submitted

i. Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on October 15, 2001.
(Any unentered amendment(s) referred to above will be entered).

ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.

iii. Other _____.

b. Enclosed

i. Amendment/Reply

ii. Affidavit(s)/Declaration(s)

iii. Information Disclosure Statement (IDS)

iv. Other Letter of Transmittal.

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2. MISCELLANEOUS

a. Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)

b. Other _____.

3. FEES

a. The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 50-1193.

i. RCE fee required under 37 C.F.R. § 1.117(e). [\$740.00/\$370.00] \$740.00

ii. Extension of time fee (37 C.F.R. §§ 1.136 and 1.17) 3 months \$920.00

iii. Other _____ \$ _____

TOTAL FEES \$1,660.00

b. Check in the amount of \$ _____ enclosed.

c. Payment by credit card (Form PTO-2038 enclosed).

SEND ALL CORRESPONDENCE TO:

Patricia Coleman James
McCutchen, Doyle, Brown & Enersen, LLP
Three Embarcadero Center, 18th Floor
San Francisco, CA 94111
Telephone: (415) 393-2000
Telefax: (415) 393-2286

SIGNATURE

DATE

Patricia Coleman James 37,155

NAME

REGISTRATION NUMBER

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